

Case Docket No. NTS 0102 PUS**AMENDMENT TRANSMITTAL**

| | |
|----------------------------------------------|-------------------------|
| In re application of: Paul Martin Schulte | Serial No.: 10/770,888 |
| | Filed: February 3, 2004 |
| Title: REAMER AND A METHOD FOR REAMING | |

To: Mail Stop Amendment
Commissioner for Patents
U.S. Patent & Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Applicant has previously claimed small entity status.

The filing fee has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | (Col. 3) | Small Entity | | Other Than Small Entity | |
|-------------------------------------------------------------|------------------------|-------|---------------------------------|---------------|-----------------|----------------|-------------------------|----------------|
| | Claims Remaining After | | Highest No. Previously Paid For | Present Extra | Rate | Additional Fee | Rate | Additional Fee |
| Total | * 32 | minus | ** 29 | = 3 | x 25 = | \$75.00 | x 50 = | \$ |
| Indep. | * 3 | minus | *** 3 | = 0 | x 100 = | \$ | x 200 = | \$ |
| First Presentation Of Multiple Dependent Claim | | | | | x 180 = | \$ | x 360 = | \$ |
| Size Fee - for each add'l 50 sheets that exceeds 100 sheets | | | | | x 125 = | \$ | x 250 = | \$ |
| | | | | | Total Add'l Fee | \$ 75.00 | Or Total | \$ |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If "Highest No. Previously Paid For" is less than 20, write "20" in this space.
*** If "Highest No. Previously Paid For" is less than 3, write "3" in this space.

☒ A Petition fee under 37 C.F.R. § 1.17(a) has been calculated in the amount of \$225.00 to cover a 2-month extension of time under 37 C.F.R. § 1.136(a).

Payment of fee(s) calculated above:

☐ No additional fee is required.☒ A check in the amount of \$ 695.00 to cover the additional filing fee, Petition fee and RCE fee is enclosed.☐ Please charge my Deposit Account No. 02-3978 in the amount of \$ ____.☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-3978. A duplicate copy of this sheet is enclosed.☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.☒ Any patent application processing fees under 37 C.F.R. § 1.17.**CERTIFICATE OF MAIL UNDER 37 C.F.R. § 1.8
(FIRST CLASS MAIL)**

I hereby certify that this correspondence, including all enclosures, is being deposited with the United States Postal Service as first class mail, postage pre-paid, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, U.S. Patent & Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450.

5/31/06 Michael D. Turner
Date of Deposit Name of Person Signing
Signature [Signature]

Respectfully submitted,

Paul Martin Schulte

[Signature]
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